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		PART	CEMARY!			(Dale)
APPLICATION NO.	FILING DATE	411	THE NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/581,317	04/22/2008		Ryoichi Sasano		060334	3856
ITTLE OF INVENTION:	METHOD OF ANALY	ZING ORGANIC CHEN	AICAL SUBSTANCES AN			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/23/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LARKIN, DANIEL SEAN		2856	073-023410			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNFE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fit recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNFE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, the document has been fit recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						SON, LLP
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4a. The following fee(s) are submitted: State Sta			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this form).			
5. Change in Entity Stat a. Applicant claims	SMALL ENTITY state	us. See 37 CFR 1.27.			I. ENTITY status. See 37 (
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